Increased number of Yezidi suicide cases after the genocide.

A prevention strategy is needed urgently!

It is with great concern that we are noting the rising suicide rates of Yezidis in the Kurdistan Region. 11 people have taken their own lives in the last 10 days. Of those, 7 were between 16 and 30 years old.

The genocide of the Yezidis in 2014 by the Islamic State cost thousands of lives and traumatized the community in the long term. Life in the refugee camps, the politically still unsettled perspective of a better life as well as the economic and social problems, including the constraints imposed by the current COVID19 pandemic, have all added to the psychological stress, which is why some people, tragically young, are taking their own lives.

We know that not every suicide attempt and suicide is related to the collective trauma, genocide, and psychosocial stressors in the camps. Individual stress and conflicts play a role, too. Unfortunately, inappropriate media coverage which sensationalizes suicide helps to increase the risk of copycat acts. The stigmatization of people seeking help for feelings of hopelessness, for suicidal behaviour, mental illness and mental health problems in general, is something which needs to be examined much more closely. We need to work out preventive measures to reduce the risk factors and strategies for the early detection of suicidal tendencies. Preventive measures should be put in place - now.

The risks factors which lead to a feeling of hopelessness and to suicidal acts, especially among the Yezidis, are war, displacement, flight, imprisonment, maltreatment and life-threatening disasters, the destruction of homes and property, businesses, communities, social groups, families and relationships in general, living in foreign countries or in refugee camps, in some cases now for more than six years, lack of any perspectives, loss of control over their life situation, and isolation. Other, individual, risk factors for a tendency towards suicide include mental illness, financial loss, pain, trauma, loss of family members, abduction, and sexual and family violence.

Every suicide is a tragedy and suicides are preventable. Yet we know that every 40 seconds, somewhere in the world, somebody attempts suicide. The WHO estimates that over 800,000 people in the world die by their own hand. Suicides occur in all regions of the world and at all ages. Among young people between the ages of 15 and 29, suicide ranks second among the leading causes of death worldwide. We have observed this among the Yezidis in the last five years. It mainly affects young women. The aforementioned risk factors affect the most vulnerable part of the society and the community of nations, something which is undoubtedly true in the case of the Yezidis today in Iraq.

These facts and the lack of timely intervention have made the tendency towards suicide into a serious crisis in the Yezidi and Kurdish communities. Urgent action is needed. Unfortunately, governments rarely identify suicidal tendencies as a major public health problem. Owing to the political, religious, economic, and ethnic crisis in Iraq, and given the absence of any kind of sensitivity towards this development, the current situation has come to a head or has developed in the first place.

Important strategies for preventing suicide include (a) universal preventive strategies which reach the entire population. These include improving the access to the care system, education and outreach to promote mental health and reduce stigma, early and appropriate treatment services for mental illness and responsible media coverage. (b) selective prevention strategies targeted at-risk groups such as

those individuals who have suffered trauma or abuse, those affected by conflict or disaster, refugees and displaced persons, and individuals who have lost a loved one to war (c) indicated prevention targets those vulnerable individuals who are already at risk and who have developed early warning signs of a feeling of hopelessness, depression, and suicidal thoughts. These signs must be recognized early and preventive measures initiated.

Preventing a suicidal act therefore requires a broad knowledge of risk factors, early warning signs, suicidal acts and suicide attempts. However, this means training multipliers (politicians, police, health services, family support services) and professionals (physicians, psychotherapists) within the health sector who can recognize and support these risk groups and provide competent help in counselling centres, clinics and practices.

In order to set up a national suicide prevention strategy, it is essential that the governments in Erbil and Baghdad take a leading role. This is the only way to bring together a wide range of actors who would otherwise not work together or who would never develop joint preventive or care services. Governments are in a legitimate position to develop and improve recording systems and to provide and disseminate the data needed for informed action. These would be evidence-based and cost-effective interventions which would be effective even where few resources are available.

These social, psychological, cultural, and other factors interact and drive a person to suicidal behaviour. However, because of the stigma associated with mental illness and suicidal thoughts, many people avoid seeking help even when it is available. Despite compelling evidence that many suicides are preventable, suicide prevention is too often a low priority in public health policy. Minorities are particularly affected, especially when they lack, or are deprived of, social, societal, economic prospects, as is the case with the Yezidis in northern Iraq.

It is therefore absolutely crucial that the issue of suicide prevention is put on the agenda of the government and the national and regional health authorities.

Every life lost to suicide is one life too many.

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